

Ricketts (B. M.)

Circular-saw injury.



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CIRCULAR-SAW INJURY.

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THE patient, a white male, twenty-one years of age, fell, on July 20th, a distance of twelve feet upon a slowly-moving circular saw eighteen inches in diameter. Although the saw was not in rapid motion, it was started by the man striking the band-lever in his falling; the saw was perhaps not revolving faster than 500 revolutions per minute. He struck the saw in a sitting position, rebounding about two or three feet, falling to one side. It was found that the left buttock was more seriously injured than the right, and that there was numbness in the left toes, indicating that the great sciatic nerve had been injured. It was also found that the entire body of the penis was divided, thus allowing the urine to escape through the wound at time of micturition. The patient was treated by Drs. Titus and Halderman, and made a good recovery, with a small perineal fistulous opening. He had good use of his limb and urinated without trouble, though there was occasional dribbling from the fistula. There was complete loss of erectile power, also of sexual desire. There was congenital phimosis.

Upon being consulted I advised that the extensive cicatricial tissue be divided and that the fistula, if possible, be obliterated. To this the man consented. It was also my opinion that the man would never have the power of erection; whether or not he would have sexual desire I was not able to determine. This presents a question that must often be fully considered. Is it best to have sexual desire without the ability to gratify it? If not, would it not be best to resort to castration?



Under the influence of chloroform, a perineal section was made, and after the operation there was an uninterrupted recovery. An illustration from a photograph, showing the wound made by the saw, is appended.



I held that it was my duty to remove the entire cicatricial tissue in the line of the corpus spongiosum, bringing the two ends of that body together. Although I did not do this at the time, I suggested that it could have been done, and with the patient's consent that I would do it. However, I am not convinced in my own mind that even the removal of the cicatricial tissue and the bringing together of the two parts of the corpus spongiosum would be of any material benefit. It is, therefore, a question in my mind as to the propriety of subjecting the man to an operation that promises so little. If there were any possibility of reëstablishing the nerve-connections, it might be well to take the chances. As it is, he will never be able to propagate his kind.



